



IPI HIGH-LEVEL POLICY FORUM

Prevention and Protection Save Lives: Girls, Women, and HIV

Wednesday, June 8, 2011

Welcoming Remarks: *Terje Rød-Larsen, President, International Peace Institute*

Special Remarks: *H.R.H. Crown Princess Mette-Marit of Norway, UNAIDS Goodwill Ambassador
Annie Lennox, UNAIDS Goodwill Ambassador*

Presentations:

Moderated by James Chau, Goodwill Ambassador, UNAIDS

Michelle Bachelet, Executive Director, UN Women
Jan Beagle, Deputy Executive Director, UNAIDS
Purnima Mane, Deputy Executive Director (Programs), UNFPA
Carmen Barroso, Regional Director, IPPF/WHR
Lindsay Menard-Freeman, Youth advocate, Global Youth Coalition on HIV/AIDS

Closing Remarks:

Morten Wetland, Permanent Representative of Norway to the United Nations

Transcript edited by IPI

Terje Rød-Larsen: Your Royal Highness, distinguished panelists, excellencies, ladies and gentlemen, and their friends, good afternoon, everybody. It is indeed a great pleasure to welcome you to the International Peace Institute and to this high-level discussion: *Prevention and Protection Save Lives: Girls, Women, and HIV*. Our meeting comes at a crucial point in the global fight against HIV/AIDS. Just across the street at UN Headquarters, world leaders, activists, and civil society representatives are meeting for the 2011 general assembly high level meeting on AIDS.

There are many difficult issues on the agenda. Many lives and futures are at stake. We must not waste this opportunity to come out with a strong declaration that is backed up by meaningful political and financial commitments.

In our discussion here today, we will put a spotlight on specific challenges facing women and girls affected by HIV/AIDS. We live in a world where women and girls are disproportionately affected by the AIDS epidemic. It is estimated that more

than 50% of the global population living with HIV is female. In sub-Saharan Africa and in the Caribbean, this figure is closer to 60%. HIV is now the leading cause of death and disease among women of reproductive age. These are staggering figures.

Our meeting will focus on how to move forward on prevention and protection strategies for women and girls and on what political commitments and resources are needed to save lives.

We have a terrific panel of experts with us today to debate this topic, but before we go to the panel, we will start with statements from two very special guests.

And so our first guest, I'm delighted to welcome Her Royal Highness, Crown Princess Mette-Marit of Norway, a good friend, in her role as a UNAIDS Goodwill Ambassador, she generates attention and support for young people living with or affected by HIV. And one of the key aspects of her role as Goodwill Ambassador is to work to prevent stigma and discrimination commonly associated with HIV and AIDS. She has traveled around the world, recently visiting Malawi, Nicaragua, and Ukraine to perform advocacy and outreach on these important issues. Your Royal Highness, we are delighted that you could be with us today on this important occasion, and the podium is yours.

Princess Mette-Marit: In Nicaragua, four years ago, I met a remarkable young woman. I remember it so vividly. We walk into this clinic, and it was a dark, gloomy room, and she was sitting there on a chair, and she was so, so shy. She was 18 years old. She had a two-year-old daughter. The girl herself was HIV positive, but she was very fortunate. Her little daughter was not.

Ever since, I've had this girl in my mind when I work with issues related to women and girls and HIV. Health for all is a shared responsibility. It means providing equitable access to essential health care services. To achieve health for all, we must ensure that women's rights and gender equality is at the core of all efforts made to this end.

The Secretary-General's launch of the global strategy for women and children's health and the global effort, Every Woman, Every Child last year provides a strong platform for all partners in making progress together towards 2015. UN Secretary-General Ban-Ki Moon took an important and brave step when he lifted women's and children's health to the highest political level. Gender equality and the empowerment of women are crucial to the achievement of the MDGs in general, and the health MDGs in particular. We need to treat MDG 3, 4, 5, and 6 as a synergistic package of actions so that we will be able to make a difference to the lives of women and girls and to change the development trajectory of countries.

Achieving the MDGs is furthermore a youth issue. In many countries with high HIV occurrence, more than half of the population is under 25 years old. In 15 of the countries most affected by AIDS, HIV prevalence amongst young people has dropped even more than 25% over the last year. Young people are now the actors, mobilizing for prevention, taking ownership of the AIDS response, and shaping the attitudes of future leaders.

UNAIDS is pioneering a movement to foster a new generation of leaders for the AIDS response at the global and country level. We have to make sure that the next wave of leadership is equipped, engaged, and sufficiently supported to

maintain and develop the response. Putting the global strategy on women's and children's health into action is key to reaching the MDGs on health.

As we get closer to 2015, it becomes ever more urgent to move ahead on scaling up our efforts. This seminar is one of several steps in mobilizing support for the realization of the global strategy and the achievement of the MDGs. Furthermore, it's a step in the right direction to provide women and girls all over the world with tools to protect themselves and to gain control over their lives.

Coming back to my starting point, it's our common responsibility to make sure that what happened to the young mother I met in Nicaragua will not happen to her little, beautiful daughter. Thank you.

Terje Rød-Larsen: Thank you very much, Your Royal Highness, for those enlightening and thoughtful remarks.

I now have the pleasure to introduce our second speaker, Annie Lennox. Annie Lennox became UNAIDS Goodwill Ambassador in June 2010. Since then, she has worked tirelessly to support women and children affected by AIDS. Her voice, her spirit, and her passion have touched millions around the world, and her music continues to instill hope for many people living with HIV and AIDS. Please join me in welcoming Annie Lennox to take the floor.

Annie Lennox: Well, I'll just speak for a very short time. I was thinking of giving my little speech a title, and the title is "Women: Are We Worthless?" I think we should all think about that.

For several years now, I've been working as an activist and campaigner, trying to bring attention to the plight of women and children who are having to deal with the daily challenges of living with HIV. I've been continuously baffled by the lack of awareness, representation, and the inadequate responses on behalf of the people who are most vulnerable around the world. It is incomprehensible for me that an epidemic, personally described as a virtual genocide by Nelson Mandela, does not seem to reach the front covers of news bulletins and papers. If this epidemic was playing out in developed countries as it does in developing countries, the response would have been radically different.

A few years ago, the whole world panicked at the emergence of the bird flu and swine flu epidemics. Media headlines everywhere, massive investments from the global community.

So I asked myself, why does the HIV virus seem to be so invisible to us when it has destroyed the lives of millions of people? And despite the advances we have made over the last 10 years, women and children still continue dying unnecessarily. We have the knowledge. We have the treatment. But what we don't have is the conviction and political commitment to prevent this happening.

At this point, right now in the UN building, world leaders have been given the opportunity to make a difference to women's lives. I ask you, why has there been no specific target set for women? Why has the reference to women's human rights been removed from the current version of the resolution? Are we not human? Thirty years into this epidemic, with HIV being the biggest killer among women of reproductive age, and we are still not even given legislative protection in the latest resolution. It's unbelievable. Yesterday, I called for the urgent need to address the rights of women themselves at every stage of their lives, and, as I

said, negligent non-action as a response to the HIV epidemic as it affects women and girls is just as bad, just as accountable, as criminal action.

So I am sending a message to the leaders and decision makers across the street and those in this room who have the power to make a difference. This is a matter of urgency. You can turn the tide of the HIV epidemic as it affects women and girls. This is our moment. Don't let us down.

Terje Rød-Larsen

Thank you very much, Annie, for those illuminating remarks. It is now my pleasure to introduce our moderator today, James Chau, who is going to lead our discussion, and he will also introduce our panelists. James was appointed UNAIDS Goodwill Ambassador in 2009. As a journalist and TV presenter, he has reported breaking news from across the world in Asia, the United States, the Middle East, and in Europe. His news and business program are watched in more than 80 countries on China central television's English channel. He was educated at Cambridge University, and I have also found out that you studied piano at the Royal Academy of Music. James, a warm welcome to IPI, and the floor is yours.

James Chau:

Thank you very much to Mr. Rød-Larsen for your very kind introduction, and Warren Hoge, for kindly having me here and being so nice to me as well in the run-up to this day.

We've got this fantastic panel as Terje just mentioned just there. We've got a 60-minute panel, and I hope that's going to be something that the IPI has never seen before, so get ready for this, because it's going to be completely interactive. We're going to hear what all our speakers have to say. We're going to bounce off it, we're going to draw off it, and we want to draw you into this conversation, into this debate. We hope that there's a lot of debate and disagreement, because that reflects the realities of where we are today, but hopefully by the end today, we'll come at it with some wonderful unity, which as Michelle, seems to me, always tells us, is what we need if we're going to go into this fourth decade with some really fantastic energy.

The Secretary-General, Ban-Ki Moon, sends his apologies. He was supposed to be here, but unfortunately, due to the many commitments he has this week, has had to withdraw, but he has sent some people from his office over here to watch and to listen to what's being said, and I know they will bring that back to the Secretary-General himself when they meet him later in the day.

So a quick word to our panelists over here. You've got two minutes for your opening statement, and I have a watch over here, which is very, very accurate, and I'm extremely adept at cutting people off, so please don't take that personally, but take that as a sign that we have so many issues, so many layers of discussion in the very complex issue, which is HIV and AIDS. Of course, we are streaming this live on the internet, and we have lots of press here, so we ask you that, I'm not going to ask you to turn your phones off, because no one ever does, and I wouldn't, but we do ask that you keep it on vibrate at least.

So thank you very much, and let's go straight to meet our panelists.

On my right, a lady who needs very, very little introduction, Michelle Bachelet, and the secretary-general executive director, UN Women, and president of Chile from 2006 to 2010. Lindsay Menard-Freeman, program officer of the Global Youth Coalition on HIV/AIDS, and also very much so, for a number of years now, a model young leader, Carmen Barroso, regional director of IPPF for the Western

Hemisphere Region, and Purnima Mane, Assistant Secretary General of the United Nations and deputy executive director of UNFPA, and last but most certainly not least, my friend, Jan Beagle, deputy executive director of UNAIDS based over in Geneva.

I'm glad that I'm the only man on this panel, and it shows the direction that we need to head into. I looked at the theme of this discussion here, and I thought it was just beautiful, the words prevention and protection save lives, girls, women, and HIV, in support of Every Woman, Every Child.

Michelle Bachelet, you're not just the first ever head of UN Women, you are mother, and you are also a grandmother. When you hear those words, prevention, protection save lives, girls, women, HIV, what comes to mind?

Michelle Bachelet: Well, let me start with a personal reflection. Saving lives is the reason I became a doctor, and saving, not only saving life, ensuring that life is a life of quality and full of rights and opportunities, the reason I became first epidemiologist of the AIDS National Commission in my country, then Minister of Health, Minister of Defense--well that's a little bit different issue--but then, but it also helps saving life, many times! And also President of the Republic.

But still, after 30 years, women and girls still face a very difficult situation--we have heard the figure, I'm not going to mention it again--but not only because of the biological conditions, women have much more vulnerabilities than men and boys to acquire HIV, but on the other hand, there are so many social constraints and social inequalities that leads to women to be in, I would say, a worse capacity to deal with a lot of issues like negotiating sex terms and being able to define and make their choices.

But on the other hand, when we see what has happened on these 10 years, and on the 30 years in particular, we really know what has to be done. We really know what works, and we know that prevention is an essential issue, and the protection is also an essential issue. And now we also know that the IRB can be a very important factor, sort of vaccine, or a prevention and protection on the sexual partners.

So what I would like to say, for me, it means we can do much more, we can do better, we can stop the epidemic, and that what we need is not only awareness, but essentially, political will, because when you have political will, you can make the fiscal space. If you are a least developed country, you might need, of course, help, but when you do have political will, you think that it is relevant. You think that women and girls are important, you will do everything you can to try to protect them and to prevent any disease, including, of course, HIV and AIDS. So for me, the most important thing is political will. Political decision, community organization, work with the civil society, with women and girls.

And finally, because I want to show that women can speak short, women's empowerment. I think women's empowerment is the answer, and that is why UN Women will be working on women's empowerment as the central issue, because women... Annie asked, are we worthless? Unfortunately, many places in the world, we are. We are citizens of second category, and we're not relevant, and we're going to work so women will be relevant, because we are relevant, but I mean, but nobody could discuss that we're not relevant, so we will be a priority. Thank you very much.

James Chau: What's going above the guests that we have today, the friends that we have today, is that they all come from different angles and different experiences that form the way that we think. Much more, much better, is what Michelle Bachelet says, but Lindsay Menard-Freeman, you're with the Global Youth Coalition on HIV/AIDS. You speak for young people, but you are one person yourself. When you think about preventing and protecting the lives of girls, women, in the context of HIV and AIDS, what comes to your mind?

Lindsay Menard-Freeman: Well, first, let me say I'm very grateful to be in a cool room on a panel with some very cool women. It's all good things. And thank you to the Crown Princess for mentioning today that young people are actors in this movement. That's my, I think, the key message. It's not so much, as Ms. Bachelet just said, that we don't know what to do. We know what to do. And young people are asking for what they need. That's the main takeaway.

As we learned yesterday at our youth summit, one of the continuing... the main thing that young people also continue to ask for is leadership opportunities, capacity building, integration into these very official spaces where young people don't always have access, and so to grant them access, make sure that their voices are being heard, it's not so much now about granting them the space, it's listening to what they're saying.

On that same coin, we're also at a point where policies and programs that affect youth need to integrate youth from the very conception to the monitoring and evaluation, from start to finish. There's really no way that, I think, someone who's not a young person could define what youth friendly services really mean. I mean, when you're a young person going into a clinic, and you're not receiving the services that you need because it's not a friendly environment, young people know what that's like, and they're saying, we can't, we're at risk, our peers are at risk, our partners are at risk if we don't have access to these spaces, and finally, I would say that, in terms of answering James' question about the HIV response, it's also recognizing that young people are very diverse in asking for common things, but are coming from extremely different regions and populations with different needs, and to say that we have a youth program, we're all set, you're very often leaving out very crucial, key affected young populations, including young women, so also to demonstrate that I can keep time, I'm going to stop there.

James Chau: I love the fact, also, that we were all young people once, or we are all young people now, so it's something that each one of us in this room, age regardless, can relate to what Lindsay was saying over there. Carmen Barroso, you're a leader in sexual and reproductive health and rights, and rights can never be forgotten over there. Coming back to the theme of the discussion, do you agree with what you're hearing today, or do you have your own take on that?

Carmen Barroso: Well, I'll say three things about what it means. First, it means efficiency. Integration, the experience of IPPF for 60 years in over 150 countries has shown that integrated services between sexual and reproductive health services and HIV prevention and treatment is efficient. It reaches a large number of women. The ones that are most neglected increase the uptake of contraceptives and the use of condoms. It is increasing the HIV testing acceptance, so it's, first of all, efficiency, and second is equity.

The second meaning of integration is equity, because, as has been pointed out today, women are the most neglected in this whole field, and women and young people are already in those clinics that treat sexual and reproductive health. And

they don't think they are at risk, so that's a very efficient way and an equitable way to reach those that are neglected.

But third and probably most important is empowerment and rights, and IPPF has been very keen on linking the provision of services with the promotion of rights. We prepared a declaration of sexual rights. We now just launched the Young People's Guide to Sexual Rights, and it's important, because we know that, as has been already mentioned, the trampling of rights just contribute to the dissemination of the pandemic, and we had research done recently with the stigma index, together with UNAIDS and other UN agencies, and it has shown that HIV positive women in the Dominican Republic face stigma and discrimination at much higher rates than HIV positive men, which already very harmed by the stigma and discrimination that they face, but in every realm, in employment, in all the social agencies that, attention and care, women are disadvantaged, and besides their intimate partners, they are the victims of violence, of all types of violence. And HIV positive women have twice as large a rate of intimate partner violence in the Dominican Republic than other women in the population, so it's closely associated with the vulnerability that they feel, and the fact that services are integrated is the first step in protecting their privacy. If they don't want to reveal their status, they can do that in an integrated service.

James Chau:

Thanks very much, Carmen, and moving right next to her is Purnima Mane from UNFPA, and I can hardly see you from over here, but I remember that we were having this great conversation in Vienna last year, and when we were talking about this, and you were saying that if you had a daughter or a granddaughter, that's why I remember it now, if you had a daughter or granddaughter, what you would want them, and we were talking in the context of microbicides at that time, because the news had just came out at the time of the Vienna conference, that you were saying that what you love about it, it's not necessarily that it's better or worse, but it's choice, it's choice for her. Looking at women today, what are the choices available for protecting and preventing lives? Safe and happy and healthier lives?

Purnima Mane:

You know, when you look at the theme of prevention and protection and girls and women, you have several challenges right there. The fact that first, for prevention and protection, have never been popular. The world assumes that that's much harder to do, let's just get on with treatment and care, which is fantastic, but we could save so much if we did prevention and protection, and it becomes even harder when it involves girls and women, because in the case of girls and women, the sense is that, as was expressed very eloquently by the others, they have a range of challenges: empowerment, the ability to make decisions, the ability to have the choices that you talked about, even among the choices that are accessible to men.

Condoms are also a women's choice. They're maybe used by a man, but a woman could opt to carry them, to ask the man to use them, but they do not have even that option. Forget about everything else. And in the range of options that you have in terms of what is women oriented, you still don't have a microbicide, you do have treatment, which could be used for prevention, but again, in the case of women, the stigma and discrimination in terms of access to treatment continues to be still very high.

In many countries, women have said that they would rather die than go to a place where they would be identified as being HIV positive. Now that's where I want to just second, and I don't have to say it all, I just want to second Carmen's point of linking HIV and sexual and reproductive health. Imagine a place for women if we

could provide common services for them where they could go just as women for any kind of service and be able to access services that gave them HIV testing, counseling, treatment, as well as other services that women need.

Very often, these services don't exist, and when they do exist, women love them. So I would make a pitch here. Microbicides, yes, more prevention, which is oriented towards women, yes. Why don't we do what we have? Why don't we make what we have more accessible to women, and why don't we listen more to what will appeal to them? I think the problem in this epidemic has been that we look for a magic bullet that fits everybody, but we don't provide a comprehensive menu, and we don't take into consideration what will suit the people who we are working on, particularly women and girls. So that's what I want for women and girls. Thanks.

James Chau:

And I hope that everybody's here, and I know that we are so happy that we have so many decision makers and decision takers here in this room. From Purnima, we go over to Jan Beagle, who joined UNAIDS as its deputy executive director in 2009, and I know that you're known particularly for your focus and your leadership in terms of change management. If we take that first word out of there, change, that's a real buzzword for the last couple of years, we certainly need change in the way we're protecting and in the way that we are, prevention and protection of saving lives for girls and women over here, but maybe we need a transformation, Jan. How would you do it?

Jan Beagle:

Thank you, James. I think what is the most important is going right back to what Ms. Bachelet said, is the political will. We know what works. So why isn't it working for women? We know that there is a different experience of this epidemic on the part of women. Why isn't it being addressed? It's not because of the science, it's not really because of the resources, although we can always have more resources, obviously. But it's really because of socio-cultural factors in almost every society, and that's where we've got to go. I may be slightly more optimistic than any on the political will.

Yesterday, for the very first time, we had a Security Council resolution that linked HIV and sexual violence. That's a step forward. We had very strong speeches from all of the 15 members of the Security Council, which include the five permanent members, all of them committed on this. We have a declaration, which will be adopted by heads of state and government this week. It may not have everything we want, but it does clearly recognize the special vulnerability of women and girls, and it does commit governments to work to eliminate the gender inequalities, the gender, the abuse the stereotypes, the norms that militate against progress. So I do think we are moving forward, even if it's not fast enough.

I think where we have to go--and meetings like this are part of it--is to ask those very difficult questions as to why it's not happening, and to do that, we have to involve women themselves, particularly young women, women in remote areas, women who are marginalized, like sex workers, particularly women living with HIV. We need to hear from their experience, and from their experience, to move into action, and action by governments at the top, but then all the way down to the local level. There needs to be this, both a trickle down and a bottom up approach. So I think it's a transformation, as you say, James, it has to come at all of the levels. Thank you.

James Chau:

So now we have a snapshot idea what each of our speakers stand for in the context of what they represent here in this room today. We've heard, for

example, about the crucial need for youth leadership, that we can't just look for a magic bullet for all solutions linking to sexual and reproductive health, and as we finish as we started, the importance of political will. That was a quick overview.

I was going to come up now, and let's go into the first section. We are going to limit this to, within one minute, one minute and we move on. And if you disagree with a speaker, cut in. We want that as well. Don't wait for me, just cut in. Let's begin, Carmen, with a look at stereotypes, gender norms, gender-based violence, and of course, stigma. My question is this. Do social constraints block access to services that can protect and save the lives of women and girls that we're here to talk about?

Carmen Barroso:

We talk about, for instance, the experience that our member association in Colombia had. Pro Familia did research about, with young people, and saw that young women didn't dare to demand the use of condoms because of traditional gender norms. So they addressed that with a massive media campaign, and with sexuality education in the schools, and the media campaign, the logo was, "The condom: I am the one who carries it," and of course, this was just the beginning of a conversation questioning the traditional norms and values about gender relations and sexuality where men dominate, and the initiative is only masculine. So that's the type of transformation that we need to create a new culture of equity and respect.

James Chau:

Okay. Purnima, I want to ask you this, because Carmen mentioned media campaigning, and also education. I am a journalist myself, and I don't feel it's just knowledge. I feel it's applying that knowledge that gets the beginning of some answers over there. What's your take on what she's been saying over there? Do you really feel that constraints really block access to the services that everybody needs?

Purnima Mane:

Yeah, I think social constraints definitely block access, but you know, again, I believe, I'm a doer, and I, like Carmen, we believe in, let's take, let's tease out this problem, and let's take each element. What I believe is, for example the health service delivery, where women go for services. We don't do enough with the care providers in terms of stigma and discrimination. We don't work with their attitudes enough. If we do that, more women will want to go to those services, and more women will receive those services, so why don't we tease out the problem and take each part of it, you know? If it's these social constraints that get so overwhelming, it's like, oh my god, women's empowerment, it's huge!

But there are pieces of it. There's legislation, there's political will, there's health care delivery, we need to tease those out and go for it as we, to the extent we can with this room, everybody has different skills in different areas. Annie Lennox and the Crown Princess will go for the political people. Some of us can work with the health care delivery. That's what we need to do.

James Chau:

You mentioned there, I want to take one of the pieces, and I want to pounce you and I want to push you on this, because you mentioned the stigma and discrimination and how, perhaps, we can all be educators so that people with HIV live happier lives, but is that enough, because I think that's slightly condescending. I think that people living with HIV themselves should be given the tools and be given the resources to deal with the stigma and discrimination, because their lives don't wait for everyone else to get educated and informed.

Purnima Mane:

I agree with you, James. I think any, when you look at any problem, if you look at it as only one-sided, then you have a problem. You need to work with the health

service delivery, the providers, but you also need to empower the people who are living with HIV. So it's not just that, it's their families as well. You need to do a lot of education in the families, the community leaders, the young people who are going to be providing the support, so, as I said, there's no magic bullet, there's no one source where we need to hit. We need to hit at all of them.

James Chau: Well, I'm very, very happy that Michelle Bachelet is here, because you are responsible, the one person in this entire world, to find that one magic bullet!

Michelle Bachelet: Thank you very much!

James Chau: What magic bullet – if you didn't realize it, but what magic bullet do you have, or what magic bullets, because probably there's more than one, do you have to make sure that, whether it's because of social constraints or not, that the access there is open, that it's free, that it's unfettered?

Michelle Bachelet: Well, yes, and I just want to mention something about what has been said. In my experience as an epidemiologist, typically, we think, talking about education, and actuarially, the education is important, but I have to say formal education doesn't move people to take decisions, the right decisions. I've met many people who work on the AIDS area, who did classes to everyone of all the scientific issues, and they got also, they acquire the HIV.

And why, when I asked them why, how come? You knew everything about it! They said, yes, but the possibility of losing that relation, putting conditions to the relation was something I couldn't deal with. So why, I mean, we need to work on education, but we also need to see how we can improve people's self-esteem, its own capacity of making choices, and this is for everyone, because the case I was talking was men in that case, but we're talking about women, and women have so little self-esteem, because they're considered not important.

So that's why I truly believe--I don't have the silver bullet, but I think things that we have to do, not only for this specific issue, we're talking living with HIV/AIDS, but also for anything is empowerment. That's the silver bullet. From the earliest stage of life, I believe in early education, children will learn how to deal with others, will have, stand up and know that they're important, and women can feel they're unimportant. How could you negotiate the use of condoms if you don't want to deal with losing that relation that can be so important? So I think we need to do a lot in terms of empowering women, empowering girls, since there's little, and all over the world, and peer education. Peer education is the most important. Analyze which are the real risks, the real situation, not an abstract, because that doesn't mean anything to somebody, abstract discussion.

James Chau: I want to jump in there, because, you know, already Purnima mentioned, the word empowerment is huge, and we use it all the time, and in some languages, including my own in Chinese, there isn't really even a word that conveys the spirit of what empowerment really is. I just wanted to get back to you, because you are the head of UN Women. What does empowerment mean to you?

Michelle Bachelet: Well, empower means there are some, empower means how we deal with this unequal power relation between men and women in the world, and it means, as I said, empowering in the sense of going into the, strengthening women's capacity, women's organization, women's voices. Having more women in decision-making positions. It means women that can give the gender perspective. I have to recognize not every woman has gender perspective, I have to say, but women in

the places where decisions are making, giving the quality and substance that needed to be considered while you make the decision.

Second, women with economic autonomy, because you need women that can really have possibilities of making their own choices, and if you have lack of control over household income, for example, very difficult to make choices. Women that can't have, and we have a wonderful experience with working, UN Women, with Johnson & Johnson, where it was provided, microfinance training, but also training on human rights, HIV, and so on, and in those places, with those families, violence decreased 55%, so it's so important to empower people, educating, but also giving something concrete so they can make a choice, so violence is not a natural thing, it's not, the husband that I got, and I have to live with this guy all my life. I can have my own choices.

And so, and the last thing that I would like to say, empowerment means also physical autonomy, the possibility of having sexual and reproductive services that can deal with that, but I have to tell you, empowerment in some cultures, in some countries, empowerment is a word that produces, that threatens some people. I know a place, I cannot name it, of course, where in the National Action Plan for Women, it was, the first was empowerment of women, and they thought it was aggressive. So they changed it for entrepreneurship. In that language, it's a little bit similar, but, so what is obvious for us is not obvious, and we need to do much more, but we need to do it with the women's organizations, and of course, with governments, and the way of doing it, too, is we're going to work on that, but we're also going to build the very strong economic, political, and social case why investing in women is not only the right thing to do, it is the right thing to do, but it's the smart thing to do.

James Chau: I know also that someone in this room told me yesterday that she heard someone say that, to be a feminist means automatically that you hate men. I think there's so many different interpretations and so much misinformation going on here. I know that when you talk about –

Michelle Bachelet: I love men!

James Chau: I know that when you talk about women in leadership positions and the importance of that, it is so important, and that's why people are so excited that you're here, UN Women, you're here today because you are the embodiment, because you've lived your life that way, and I know that you inspire so many people on what you say and what you continue to do, so thank you so much for all of that. Carmen, I know that you also wanted to jump in over there.

Carmen Barroso: I would like to elaborate a little bit on the role of education, because I agree with everything Michelle said, except that this education that is not empowering people, is not increasing their self-esteem, this is the bad education they are getting. If they get a real education, like comprehensive sexuality education that offers them an opportunity to question their traditional values and design new ways of relating to each other, that's a different story. That's the kind of thing that can be... like the case of Colombia, and I forgot to say that the condom, I'm the one who carries it, it was a young woman star that was the spokespeople for it. So that's the kind of change of perceptions that education can bring and helps to nurture the kind of personality that is empowered, and therefore, can adopt a healthy lifestyle and prevent the dissemination of the pandemic.

James Chau: Lindsay, I know that you work with so many young women, and being a young woman yourself, I don't want to just talk and talk today, because a lot of talk is

going on at this high level meeting. We're also here to knock out a killer declaration that's going to really, really save lives out there, and I want to know, what are your solutions? Give me one idea on how you can free this all up, an example you have on how to confront the blocking or so of access, and how do you get part, how do you reach past it?

Lindsay Menard-Freeman: One thing that, at the Global Youth Coalition on HIV/AIDS, one thing that our members do very well is connect with their communities, and as James said yesterday at our youth summit, we are a network of networks. We are young people who are connected through every form of social media, and not reaching those young people who are not able to be on Twitter and Facebook. I would say that it's crucial to have young women in these UN delegations, on country delegations, challenging their governments, saying this is what I represent, a network of networks. I represent my community, I represent other young women, listen to what I'm saying, or you really can't do anything about the HIV response, so just really channeling and utilizing the power that young women have at a community level and recognizing that a small amount of capacity building, or a small amount of access to knowledge, through peer-to-peer education, we were talking about this earlier. That's huge. A small amount goes a long way. And so to really give young women those opportunities, you know, my mother took me to Beijing in 1995 to the women's conference. That's an opportunity. You need those sorts of opportunities if you're going to foster young women as leaders. I was 11 at the time!

James Chau: We've got some ideas out there, and I want to link that. You know how we're talking about linking, but also linking to political leadership over here? And we have the Minister from Denmark over here. I want to just get a grasp of how you respond to what you're hearing, and if you're in a position to be able to turn that into living reality.

Male: Yes. But since I'm the first on the floor to comment, I would like to thank you very much for your excellent contributions, but yes, I am in a place where I can actually make a contribution, which we are going to do. We are going to sizably enlarge our contributions, especially in the area of condoms, female condoms, supply and distribution in Africa, and we are also going to increase our support to develop an effective, affordable, accessible microbicide product. This we're going to do, and this is going to happen right now. On the other hand, I wanted to follow up on what was said here, that actually I'm on the more positive note, since I have noticed that the Secretary-General today, in his report to the high-level meeting had underlined the need to address the feminization of the HIV/AIDS epidemic. He has actually done that, and one of the five key recommendations from him is to ensure that our response to HIV promotes the health, human rights, security, and dignity of women and girls, so luckily, this is addressed, and I think that we can actually carry this through together of course. Thank you.

James Chau: I want to go into the next section of what we had planned for you today, and instead of asking one of our panelists, sorry for facing back towards you, but instead of asking you to set the tone, let's ask here, we have a wonderful audience here today who has so much to add to this and so many friends around at the back who are young leaders themselves, get ready to answer one of these things. I want a solution over here.

Let's remind you, MDG 4, cutting mortality rate, MDG 5, to improve maternal health, MDG 6, fighting not just HIV/AIDS but also malaria and other diseases. When we look at these as a whole, as one entity, how can we better integrate on

the ground programs? Who wants to answer that? And if you're not going to answer, I'm going to pounce, because I have a list of names in my hand.

Okay, Kiyo Akasaka, Undersecretary-General for Communications and Public Information. Let's talk about this over here. I told you! But if you could face over here, we've got a camera right at the back over here. Do you want to come out over here and talk a bit about that, about on the ground programs, as we talk about MDGs 4, 5, and 6, and we look at them, how can we better integrate all of these together? Do you want to come out over here? Commit to everybody in one go?

Kiyotaka Akasaka: Thank you very much. They are related to the health problem, but health problems are not a matter of the health minister alone. In many countries, health ministers may lack in political power, economic, and other industry ministers and other government leaders have got to be integrated into the government policy on MDGs.

As Michelle Bachelet has mentioned, political leadership is necessary. We saw in many countries where the President is in the lead, taking the leadership to integrate all the government ministries to address the MDGs, then progress has been much more great, greater than in other countries. So in order to address the children's health, the women's health, the public health, all the government leaders, as well as civil society and private sector have got to be integrated into the greater partnership.

James Chau: Thanks for that. Well, there's a whole row of young leaders here: Sidney, Ricardo, Reshma, and also Caitlin. I want one of you to come up with an idea of how you can integrate the programs that we're speaking of in relation to those three MDG goals that are so closely linked to HIV and AIDS. Who wants to go – okay Ricardo from Mexico.

Ricardo: Thank you, James. No, I was thinking of linking with the last comment, I think strengthening health systems is really important, but also if we really want to make those changes in MDGs 4, 5, and 6, we need also to strengthen the civil society systems, like, I'm very familiar, for example, with the work that the Global Fund to Fight AIDS, Tuberculosis, and Malaria's doing, and there are many programs that the Global Fund is funding that wouldn't be possible if there were not NGOs who have the capacity to actually do this kind of thing, or even like very grassroots organizations, especially women's organizations, and that's also the case with young people's organizations, because sometimes we don't have funding, we don't have a lot of capacity, but if we get some investment, I think we can do a lot of things in the ground, and not just depend completely from the government or the agencies are doing, so I think that civil society strengthening is something that we really need to keep in mind when doing this kind of work.

James Chau: Thanks. Well, we've got two takes on that particular subject. We're going to cross back, Jan Beagle over at UNAIDS, which has been pushing so much in terms of the AIDS related MDGs with Michel Sidibé, and I know that we do have an MDG 6 conference coming up later in Moscow in October. What are the outcomes that you're looking for over there, and what are the ideas that you would have? Let's think innovatively and creatively as well.

Jan Beagle: You know, in UNAIDS, we say, know your epidemic. Know your response, because there isn't one size that fits all, and we've got to have targeted responses, and I think from the point of view of the linkages between MDGs 3, 4, 5, and 6, we have to say, know your epidemic in gender terms, and that's

something that we're working on. We know that in certain countries, for example, it's largely through certain groups that are at risk that we have the transmission.

Sex workers, for example, in certain countries, very high level of prevalence, largely female, and yet the percentage of resources allocated to support them, very low. Levels of discrimination, very high. Access to services, low. We know in other countries, sexual violence is very important. We have evidence that globally, up to 45% of girls under 15 are reporting that their first sexual experience was forced. This is huge in terms of the risk to HIV. We know in other countries that it's sexual transmission that is the primary factor, and here, we have groups that are considered as low risk, established, long term established partnerships, marriages, and these are the relationships in which, in many countries, the incidence is increasing, and yet they're considered low risk, so no resources targeted there.

So it's very much an issue of targeting resources. Mother-to-child transmission, we know we can eliminate mother to child transmission by 2015. It's already eliminated in the developed world, and so what we're doing now, UN AIDS and the partners is focusing on a plan of action, focusing on those countries, 22 of them, the highest burden, and we believe that focusing resources on those countries by 2015, we can ensure that the 370,000 babies who are still being born in those countries infected with HIV, many of them going to die before their second birthday, that this can be prevented. We've already seen some advances over these last few years, but it's just not fast enough, and it's not because, as somebody said before, we don't have the means. We don't have the knowledge. We have the science. We know what to do. It's done in developed countries. We need to make sure that women are empowered to have the access to the services, the access to the testing, and the access to the prophylaxis and the follow-up, and then the linkages are so obvious to maternal-and-child health, to safe pregnancies, to infant mortality, sexual and reproductive health and rights, so to us, what we're trying to do is to look at a targeted approach focusing, of course, we're not stopping looking globally, because everywhere, as we said, there's no society that is immune, but if we focus on the group of countries where the problem is the most severe, we can make a big dent, and that is our way forward in the coming years through our strategy.

Chau:

Okay. You know, we said that the SG sent some people over here, and we have Rebecca Affolder, who's advisor to Secretary-General Ban Ki-moon on Global Health Policy and Coordination, so Rebecca, I know you're sitting there taking notes, and I want Lindsay to speak to her directly and to tell her about this, because she's going to bring this back, and you're going to commit to me now to bring it back, yes? Okay, great. So you've got a magistrate to Ban Ki-moon right over here. After 30 years of AIDS, Lindsay, what are the success stories and the less, how old are you, Lindsay? If I may ask?

Menard-Freeman:

You may. I'm 26, almost 27.

Chau:

So the significance of me asking you that is that every single day that you've been alive on this earth, there has been AIDS. You are almost as old as AIDS yourself, since you were born in the mid-1980s. So tell Rebecca over there, what are some of the success stories and some of the lessons learned?

Menard-Freeman:

I, first of all, I want to just say one thing previously. My talking points and my statistics about women and girls my age are staggering. It's like, insane to read what I got as my information. I don't, once I age out, which is in a few years, but in, say, maybe in the next decade, it would be really disappointing if the young

person on this panel is looking at these statistics. It makes you want to cry, like, the sorts of statistics I'm having to look at.

So, I just want to say that first of all, like, make sure that whoever's sitting in this seat in 10 years is not reading these statistics. First of all. Second of all, success stories. I would say within GYCA, most of our, I call them our superstars, our regional focal points, they're young women. They're, you know, the most responsive, most connected, most innovative, most creative, smartest, brightest, and they got there with support, obviously. We all do. We all grow in our roles. Just to say that that's the key, I could name all of them. There's a long list, but to make sure that with partnerships between youth organizations and UN Women, UNFPA, UNAIDS, and IPPF, which we partner with as well, continuing those partnerships, we can make sure that that population of young women who are fabulous leaders is growing and growing and growing, and it's not a select few.

Chau:

And this is where they come to find you! I just want to give you the opportunity to stand up, and I know you've hurt your leg over there, but to face a little bit to our camera there. I just want to give you the opportunity to respond a bit to that.

I also wanted to ask you about 4, 5, and 6. We always talk about 4, 5, and 6 in relation to AIDS, but where's the 3? Where's the 3 in all of this? You know, we're talking about gender equality and empowerment, where is it in your plan? And as an advisor to the SG, where is it on your drawing board? Is it, in fact, on your drawing board?

Rebecca Affolder:

Sure. Thank you, and great to see, I'm actually not going to stand up because I have a hurt foot, but great to see so many people here. As many of you know, last year, the Every Woman, Every Child effort was launched, and I think since then, we've seen a huge outpouring of support, a great increase in political commitment, so many leaders coming to the table, and in a way, it's really helped to bring all of the MDGs together and show that women's and children's health is so underpinning to success on all of the MDGs.

One of the big messages that the Secretary-General has been saying is that women's and children's health can really become an engine for the MDGs and move from being kind of something that was holding us back to something that will really drive us forward, so I think that probably answers a little bit about where I see the different ones coming together.

In terms of where women's empowerment comes in, it's obviously central, and we're not going to have success without it. I mean, this isn't just a medical issue that we're talking about, and women's empowerment is very core to the global strategy for women's and children's health, which I think you all have copies of, probably now.

So just also wanted to say to Lindsay, thank you very much for your comments, and another of the big messages in this global effort is that everybody has a role to play, and it doesn't matter which actor group you come from, whether you're an academic, whether you're a politician or a head of state, or whether you're part of a youth movement, and I think one of the things we're really trying to do is make sure that all the voices are heard, so I'll leave with that.

Chau:

Lindsay, you're talking about taking AIDS out of context, but of course, it's so closely linked to social justice and the redistribution of opportunities and social justice, of course. Jan, I want to get back to you on this, because one of the big visions that we all have, not just UNAIDS, is called getting to zero, zero AIDS

related new HIV infections, new, zero AIDS related deaths, and of course, zero discrimination. How exactly is UNAIDS going to make that a reality as we walk into the fourth decade? There's a lot of apathy and silence in decades 1 and 2, movement, significant movement in 3, in '01 and '06, but what happens now in the fourth decade? Where do you take this from?

Beagle:

We have a very detailed strategy, UNAIDS and partners, and I think what we do have in terms of the, one of the comparative advantages, if you like, on this issue, is that we are a partnership. We're working, not only with one or two organizations, but with a vast array of organizations. We're working with civil society extremely closely, we're working with people living with HIV.

We've got three pillars: prevention, treatment, and stigma and discrimination, and they're interrelated, and we have to work on them together. One without the other is not going to work. It's very clear that we have to go for a much simpler type of treatment. We're looking towards what we're calling treatment 2.0, won't go into it now.

I think most of you are aware of what it is, but the whole idea is to ensure that we can have universal access to treatment. We've still got 9 million people waiting for treatment. We've had huge success. Over 6 million people on treatment now, but still 9 million waiting, so therefore, this is a huge gap. We've got a large resource gap that we have to meet there. But prevention is where we have to put a huge part of our effort, and we have to work together with all of the stakeholders on that, and stigma and discrimination, as we've all been talking about, I'd just like to maybe take that one point that was mentioned before about, and perhaps the minister from Denmark, just to say to him, that one of the issues that we're all facing is that everybody is working, and I think everyone is working in good faith, but everyone's working on their own lines.

So when you go to the countries, you see that there, you have, donor governments are giving to different programs, and not integrated, everybody doing their own thing in silos. You have organizations working, often duplicating, or doing something that could be better done by someone else. You have civil society spread very thin. We need to find where is the comparative advantage of each of us and work in that area of comparative advantage. We have to make these basic linkages. There are so many low hanging fruit.

Most recently, I was in, for example, in Cambodia, was in a hospital, it was quite well funded, there was very quit good antenatal HIV testing going on, but as a mother, I'm not a doctor, but I'm a mother, and I see that at the same time, they're not testing for all the other basic things like blood sugar that every pregnant woman usually is tested for, and yet, this isn't happening. And why? Because of different funding streams, different donor requirements, different, as Mr. Akasaka said, different health and other ministries, multi-sectoral ministries within governments. I think this is something that we all need to think about, to work together as partners rather than as, and as allies, rather than in silos.

Chau:

I think allies is really, really important over here. We've been pressing that message of unity. I want to really press on, because you've only got about 15 minutes left, and there's so much still to go through. Michelle Bachelet, I'm a little bit confused, because I want to ask, is integration, we've used that word just then, is integration, in fact, the best way to reach our goals? Shouldn't we focus on getting past problems to make services effective and relevant to people? Isn't there a risk that we can get very, very lost in the positioning on what integration is, or maybe isn't, rather than a promise, a promise, remember, to build a

coalition that makes services relevant and makes services work for these women and girls? And also for men and boys as well.

Bachelet:

Well, the first thing I have to say, of course, what really needs to be done is to ensure access to health. I mean, that's the main issue, and it has to be effective, and they have to have access to all the services, and they have to have access, universal access to IRV, because you were asking on creative and innovative issues, but the thing is, if we did better what we already know it works, we could do it so much better. We don't need to invent the wheel again. We know it works, really, so we need to have access, universal access to IRV.

Let me tell you something. Integration also means that women with status before HIV, may also need, in the same idea, as sexual reproductive services. They may also need HPV vaccine, may also need pap smears, they also need counseling. It's many issues, not only, and the other thing I want to say, women are mothers, but are not only mothers. So women cannot receive IRV while they're pregnant and a little while after the baby's born. I mean, the mother needs to receive IRV the whole life. She deserves to live, and she deserves to live in a good way, and she deserves, because if you cut at the three months, you will have an increase of resistance. You will have, of course, the risk of breastfeeding transmission, and of course, you have a future orphan.

So, women, and that's our perspective on working in partnership with the rest of our colleagues, is to ensure that women's perspective is not only seen as a uterus, only women, because we are much more than that, and what women need, and as men and boys need too, it's access, needs, it has to be simple, it has to be timely, and it has to be as close as possible, and it looks like integration can be more effective, but I would say, and I want to, I don't want to go into details because our friends have been working a lot on that, but I think it's important to find the best system according to the context of the country, but it looks like integrated, it's a very important way to do, and that finally, it's about also training health workers, training health personnel, that they can give not only treatment, but also with the dignity that the person deserves.

James Chau:

Speaking of women, we're joined by an exceptional woman over here, right over here, Annie Lennox, you've been using your SING campaign to... and it's not necessarily just a campaign in the formal sense, you've been using yourself, you are the SING campaign.

We've been hearing such strong words out here, and there's one thing that I noticed here, that all these promises, all these commitments and very, very strong rhetoric over here, but when it boils down to it, in this resolution that we're seeing here merge at the high level meeting this week, women are not reflected in that resolution. The only target is for the elimination of vertical transmission, which targets pregnant women, yes, infants, yes, but not women as a group in itself. Can you say something and speak to that?

Annie Lennox:

I think the thing is that we tend to be invisible. Women tend to be invisible. We don't have a specific voice as such, and I, as a woman myself, I've responded to the HIV pandemic because I am a woman, because I have children, I am a mother, and it was extraordinary to me. I mean, I was really totally blown away by the fact that so little was being done, and I have worked in my own capacity to try to get that voice out, and I have to say, just to take the opportunity that today's discussion is so, so inspiring for me to hear common sense, practical common sense.

As you say, we're not having to reinvent the wheel. The solutions are there. Basically, to me, what I'm seeing is we just don't have the political will. If we had political will, if we really had that commitment, we would see change taking place. So again and again, we lobby, we lobby. I'd love to see the strengthening of women's groups. I think this point that you made about people existing as silos, this is really important. We have such power! And we don't tend to integrate our power and give ourselves that identity that cuts through this incredible obsession with celebrity culture. We're two different worlds existing here. The developed world and the lack of developed world. We have so many resources, and we don't utilize them! You know, if I, most of you have probably been to the developing countries, and you've seen for yourself, you've witnessed grandmothers trying to bring up their grandchildren, and it's not just one, it's thousands of women, women like that, this is obscenities that are going on, and we are not outraged here, because frankly, we don't know.

Last visit I had in New York City, I was personally standing in the offices of the *Rolling Stone* magazine talking to many, many journalists there, they're very intelligent people, they should know that 1 in 3 pregnant women in South Africa currently are carrying the HIV virus. They should know this! Why don't they know? There's this huge block. There's this huge dis-, what do you call it, disconnection between the two worlds that we exist in. So poverty, human rights, women's rights, these are the issues that all of us, all of us women must understand. Feminism is not a dirty word. Feminists do not hate men. Women and men need to collaborate together to make the change.

Chau:

Remember this morning when we were sitting, and at the opening plenary this morning over here, and I remember, I can't remember the words, the Secretary-General, whether it was Michel Sidibé, and then someone mentioned the word about, in the terms of declaration, nonviolence against women and girls, and I know that Michelle Sidibé has pushed very hard to have the word "and girls" reinserted, or inserted for the first time into text. That's history for you over there.

I just wanted to know who's responsibility is it? We have UN leaders talking, we have governments talking, we have a minister over here right in the front row, but who's responsibility is it to make sure that violence doesn't happen in our homes, in our communities, in our workplaces, wherever? In our schools, even? Whose responsibility, Annie?

Lennox:

You know, I was in Malawi in February, and we went into schools, and we were talking, and we were finding things out, and they told us something really shocking, that the children that are most vulnerable to predators are actually vulnerable to the teachers in the classes. The teachers are the predators. So that when you have young men that are being educated in colleges, and they're going into schools to teach, we have to educate them at that level. We have to educate people, what are we thinking we have to educate people? We have to think, educate them from the top level down. We have to educate leaders. Our leaders have to lead. So they have to take on the personal responsibility.

Recently, I saw a documentary film that was being made by a wonderful organization called Women For Women, and I talked about this yesterday. In the film, they talked to a young soldier in Congo, and he says, I thought that women were worthless, and that was the reason I thought it was okay to rape.

And rape is on an endemic level. We know this. We know that rape is going on as a weapon of warfare against women at the most extraordinary level, and when men, young men are thinking that women are worthless, that must go from the

top of the society all the way down through, so you're asking me this question, how do we make that change? I actually ask myself the question too. We all need to make the change, and we can't wave a magic wand, but that young soldier I talked about was given education because of a program that Mothers to Mothers have in the Congo to change the mindset, and that is grand level, you talked about from Mexico, you talk about grassroots level, the great work that NGOs can do, and they do amazing work, and we should support the NGOs who are teaching, who are enlightening, who are making those kind of changes, we should give them the opportunity to create and sustain programs like that that can be transformational as social and behavioral change.

James Chau: I know that we're running out of time, but I can't let you go without asking you one thing on this, just a short, short idea on this. I was looking with Tara, and we were looking at the papers today, and one of them says, one headline says today, *Annie Lennox Slams World Leaders on HIV Policy*. What is that?

Annie Lennox: That is politically incorrect speak. I've been here for the last few days, and it's wonderful, and I'm so grateful to be part of this, but very often, I sit in meetings--and I have to tell you, I'm not totally unintelligent--but I don't fully understand what's being said, and I think it's terribly important that we call a spade a spade. When there is violence going on against women, we call it violence. When we are still fighting AIDS, we need to be able to say we're fighting, because I am fighting! This is not just a discussion here. We're talking about people's lives. It's very, very urgent.

So please remember that that when we come into these places, we're talking about people that actually exist. It's not just wording, it's not just some statistic. We're talking about people, people like you and I. We're just lucky because we happen to have been born in wealthy societies, so I've been given education, I have the opportunity to have access to medical health, all of these things. We need to represent those of us who don't have these things, and this is our moral obligation. As Alicia Keys said yesterday, we have a moral obligation to keep, to not be obsessed with celebrity culture, to do something that actually is of value: human rights, justice, value. I get terribly upset! That's what fires me up!

Chau: I know that you inspired so many people when you spoke yesterday in that session over there, and thank you so much for sharing more of those ideas.

Speaking of ideas, though, I want one idea each, because we're going to wrap this up pretty soon. We want to bring a unity, and we want to find some common ground, not just talk around in circles over here, so please, one idea each on this. Looking ahead, the biggest barriers to more integrative programs and services that can reap real results for everyone. So we want an idea that can reap real results for everyone, and give me one idea on how you can reach beyond those barriers. Just one idea. Michelle Bachelet.

Bachelet: Very easy. Empowerment of women.

Menard-Freeman: Very easy. Empowerment of *young* women.

Barroso: Very easy. Promotion of sexual rights. This is the message I got from a young man from Costa Rica I was talking to yesterday that we brought for this meeting here, and he said, talking about HIV and not talking about sexual rights is closing your eyes to reality.

Chau: You've got sexual/reproductive rights, young women, and we've got empowerment. Everyone's pushing their own agenda over here. Purnima, I want you to really, really search, and this is your, this is your chance! No, you know what? High-level meetings don't happen very often, to get all these people sitting in one room. It costs a lot of money to get all these people here!

Mane: Yes, I agree.

Chau: And let's not take that for granted.

Mane: I agree.

Chau: It costs a lot for me to come over from China. Really reach into yourself, no, but reach into yourself. Pressure! Give me one idea on how we can reach beyond these barriers!

Mane: You put so much pressure on me now! But listening to Annie Lennox and to everybody, what was affecting me and listening to me, so I'm going to say that it's been 20 years I've been working on this epidemic, and I think the most important thing is to keep the fire alive. So I'm going to tell those of you who've been working on this epidemic that if we've got to work together in terms of the partnerships, if we've got to integrate, we've got to do all of these different things, we need to keep the fire alive in each one of us to say that there has been progress, and we can make it. That's my message.

Chau: Jan Beagle.

Beagle: Okay. I would say all of the above, but also we've got to focus on men and boys, because if we don't change their attitudes and their behaviors, we're not going to make progress against this epidemic.

James Chau: Do we have a commitment from the men and boys here in this room? Do we? Do we? Okay, stand up if you commit to what she just said just there. Never too late! Never too late!

You know, the reason why we had Lindsay here on this panel and why we tried to put her even somewhat in the middle of this room here is because we recognize the importance of young people, young women and girls in this global response to HIV and AIDS. I can't stress it enough, and including my country, China, this perhaps is more important than many, and yet we have the potential in China to really forge new barriers, new fronts, incredible new fronts in the response against HIV and AIDS.

But I wanted to finish off, speaking of young people, with the Crown Princess, because, I mean, you've been incredible over the numbers of years that we've been working together, and I know that one of our friends has likened you to a turtle, because, you know why? Because you constantly, and you've done this time and time and time again, but you constantly stick your neck out for young people, and through young people, for everybody, and it's been so inspirational, especially to our friends over here who know that firsthand from you, so in the most beautiful sense of comparing you against a turtle. And I feel also that sometimes you don't even have the hard shell to protect you, but you consistently go out of your way to inspire and to embolden and to empower and to make things happen.

I just want your closing thoughts on this. We're here to talk about women, but also girls, and all the women in this room were girls once, and I'm sure you remember what it felt like. Young people are here. All our friends are here in the middle of the room. They came here, when we were at the hotel yesterday, they said that they weren't asking to be heard, they were *demanding*. They were demanding action. They're demanding to be heard. But why should they be heard? Why is youth so important, and how do you get the best out of them, because you work with them so much, and you're going to Switzerland again in September, we're going to work with more young people over there, how do you extract the best of a person so that they go forward, and that they live these incredible lives in their communities and infect everybody else with that same spirit?

Princess Mette-Marit: Well, first of all, I think that's the privilege of having worked with young people for so long is the fact that you meet so many incredible people, which continues you to drive for this. I don't think I could have worked on this issue for so many years if it wasn't for the fact that people like you, people like Caitlin, people like Ricardo, Sidney, everyone here, like James--you're getting older, though, so, sorry--but all the people we meet when we travel around, of young people who are fighting every day in their communities, they've been faced with incredible fates, and they turn their lives around to help other people in their communities, and I just think it's incredible every time.

I can't help but being incredibly inspired by that, and I think the amazing thing about young people is that they support each other, and when you see the amounts of young girls out there who are such incredible leaders, they work so hard every day in their communities, and they don't get heard here, they don't get funding, they don't get anything, and what can we do? We really, really need to look at these girls and support them and support them in their communities and the work they do, so I would strongly suggest that people like you who have really the strength and the placement to do something about this is that you actually focus on these girls and look to you young people's initiatives and youth led initiatives, especially to work with those groups, because it's an amazing network, and you have so many people all around the world that can help you achieve your dreams. So good luck!

Chau: I want to ask you both to come up for our last part today, because I know that you both get very angry. We've had very angry conversations and very, very –

Princess Mette-Marit: I don't want to be angry! I want to be happy!

Chau: Okay. Well, I'm going to ask you to be angry one more time, though. No, but seriously, we've been talking, and everything's been so uplifting, but I do think that necessarily reflects where we need to head into. I just want to ask you for one inspirational thought as we finish today. We're going now into, we're into the fourth decade now. We're into the fourth decade of HIV and AIDS. When you stand here today in New York, and you've been hearing what you've been hearing, and you've been seeing what you've been seeing, do you have hope?

Lennox: One always must have hope, and I'll quote Desmond Tutu on this. He has always said, when I asked him the question, how do you carry on? He's the world's, one of the world's leading advocates for human rights and justice, and he said, one must never give into despair. So yes, you must always have hope.

Chau: And ma'am, when we finish with this over here today, you said that you don't want to be angry anymore, that you want to be happy, and when you look into

where we'll be in 2021, are you going to be happy? And what's going to make you happy?

Princess Mette-Marit: What's going to make me happy is to see all my young friends all around the world and the youth networks that have been so incredibly fantastic in the job that they're doing that they've actually grown up to sit here on the panel, all of them, and they're going to rule the world! So I think that's going to be pretty cool!

Chau: I think that's a fantastic way to finish here. We're going to ask the Norwegian ambassador to the UN mission here in New York to go up to the podium over there. He's going to give us some of his own thoughts to wrap us up so we can take home some real ideas of what we can do, but you know, I think it's just been this most incredible session here today, and Ambassador...

Morten Wetland: Well, it's really refreshing to get out of the catacomb and the stale air in the basement of the United Nations where even the mention of sexual and reproductive rights causes stern faces. Gender equality even is a four-letter word in some of these negotiations.

There's so much energy in this room, and the summing up, I think, is regrettably, women are still treated like second-rate citizens in the greatest parts of this world. I don't think there is one country on the surface of this planet where men and women enjoy equal rights and opportunities.

And one of the reasons why this wonderful panel lays out the facts to us about inefficiencies, lack of resources, lack of priorities, is of course that men haven't taken the issues seriously enough. Men in power have not taken the issues of women seriously enough. So what has been said about empowerment is precisely and regrettably, power has very seldom been given. It has mostly been taken. And that is the key for women's groups and supportive men who support women's groups and understand that this is the right policy, also for them, become finance ministers, get hold of the budget lines, see to it that the allocations fit within and cover needs that are so shamefully described by this panel.

Countries which are as fortunate as mine, tiny little Norway, we try to do our best sometimes, but even we cannot do more than support you as best as we can. If we know about the girl billion that goes to women's education, we have tripled aid for health issues over the past decade, and that amounts to some \$550 million. But the incentives need to be set right to make the most out of these funds for the women who need it on the ground, and it only will happen when the finance ministers understand that this is good for the country, that this unleashes new creative potential, and to use the whole talent of the population and not part of it, and those countries who do not do that will remain poor, underdeveloped, not realizing their full potential, this cannot go on, and men have to understand this. Thank you.

James Chau: And that brings us to the end of our incredible 60 minutes together. I just want to thank our panelists, our very distinguished panel here for being here today. Michelle Bachelet, Lindsay Menard-Freeman, Purnima Mane, Carmen Barroso, and Jan Beagle. Also Annie Lennox and Her Royal Highness, the Crown Princess Mette-Marit, and of course, all of you. I want you to leave here and don't just put it out of your mind, but leave and be inspired. AIDS isn't over, and you can do so much not just to change, but to transform this fourth decade for women and girls everywhere. Thank you.